	SI	PECIAI	LNE	CES CENTRAL REALIST SCREENING Act Statement on the		1	
Sponsor name (Please print)	PARENT/GUARDIAN: Read Privacy Act Statement on the consor name (Please print) Social Security number						<u></u>
Unit:	Ran	ık:			Duty phone		
Home address					Home phone		
pouse name Social Security number				mber	Work phone		
Child's name	Sex	Age		Birthdate	Enrolled in EFMP? YES NO		
Type of CYS service requested:				-			
Directions: For the child li				k under YES or NO to st five years. Do not le			have
Condition	Yes	No	Condition		Yes	No	
Asthma/Respiratory problems			Hearing problems				
Epilepsy/Seizures			Emotional problem				
Diabetes				Developmental dela	ys		
Speech delay				ADD/ADHD			
Sickle cell			Depression				
Visual problems/blindness				Orthopedic (cerebra	palsy)		
Allergies to food/pets/medication Please specify:			Mental retardation				
	Downs Syndrome						
	Other: (Please specify)			ify)			
The information above is true and correct to the best of my knowledge. I understand that it is my responsibility to provide any information about changes in medical or developmental status.		FOR OFFICE USE ONLY Date received: History:					
	ate ate	Recommendation: A. Admit – No significant B. Admit w/care plan C. Schedule SNRT modifications or training					
Copy to program Copy to SPS Copy to FS Form 649 DCA 1 Feb 01	CHN SPS CYS	YES NO YES NO YES NO					

CHILD AND YOUTH SERVICES CENTRAL REGISTRATION SPECIAL NEEDS SCREENING

DATA REOUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012.

PRINCIPAL PURPOSE: Information is used by Department of the Army personnel to identify special needs care of a child and determine course of care.

ROUTINE USE: Screening of Special Needs Children to determine developmental care needs.

DISCLOSURES: Disclosure of requested information is voluntary; however, if information is not provided, Special Needs child care services may be denied. Information is not disclosed outside the Department of Defense.